



EDMUND G. BROWN JR.
GOVERNOR



MATTHEW RODRIGUEZ
SECRETARY FOR
ENVIRONMENTAL PROTECTION

California Regional Water Quality Control Board, San Diego Region

April 25, 2012

**Certified Mail – Return Receipt Request
7010 1060 0000 4952 9895**

Mr. Alfred Delcome, Chief Engineer
Angelica Health Care Services
3939 Market Street
San Diego, CA 92102

**In reply refer to:
Application ID: 426235**

Mr. Delcome:

Subject: Requirement to Enroll Under Industrial Storm Water General Permit, Angelica Health Care Services, 3939 Market Street, San Diego

Pursuant to California Water Code (CWC) Section 13399.30, you are hereby notified that Angelica Health Care Services, San Diego is required to enroll under Order No. 97-03-DWQ, National Pollutant Discharge Elimination System (NPDES) General Permit No. CAS000001, *Waste Discharge Requirements (WDRs) For Discharges of Storm Water Associated with Industrial Activities Excluding Construction Activities*. Order No. 97-03-DWQ (Industrial Storm Water General Permit) was issued by the State Water Resources Control Board on April 17, 1997 and is enforced locally by the California Regional Water Quality Control Board, San Diego Region (San Diego Water Board). Our records indicate that coverage under the Industrial Storm Water General Permit for your facility located at 3939 Market Street in San Diego is mandatory, Trucking, Local Without Storage (SIC 4212), and Specialty Cleaning, Polishing, & Sanitation Preparations (SIC 2842). On April 16, 2012, a San Diego Water Board inspector and City of San Diego Storm Water inspectors visited your facility and confirmed that coverage is required. The inspectors provided a copy of Order No. 97-03-DWQ.

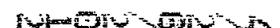
The inspectors also noted a storm drain inlet at the west end of the site where any spills would gravity flow to and discharge to surface waters. Mr. Sergio Cordova, Asst. Chief Engineer, was instructed to install a 10- 12" berm around the storm drain inlet at west end. The inspectors also noted two locations on the ground where absorbent material had been applied to oil spills but not cleaned up. The absorbent/spills must be cleaned up immediately. A pressure washer at back of building needs to be removed. Please submit photos to show that the aforementioned corrective actions have been taken.

The Industrial Storm Water General Permit is an NPDES permit that regulates discharges associated with 10 broad categories of industrial activities. This permit requires the implementation of management measures that will achieve the performance standard of best available technology economically achievable (BAT) and best conventional pollutant control technology (BCT). The Industrial Storm Water

General Permit also requires the development of a Storm Water Pollution Prevention Plan (SWPPP) and a water quality monitoring plan. Through the SWPPP, sources of pollutants are to be identified and the means to manage the sources to reduce storm water pollution are described. The permit requires that an annual report be submitted each July 1.

GRANT DESTACHE, CHAIR | DAVID GIBSON, EXECUTIVE OFFICER

9174 Sky Park Court, Suite 100, San Diego, CA 92123 | (858) 467-2952 | www.waterboards.ca.gov/sandiego



For more information regarding the Industrial Storm Water General Permit, please see our website:
http://www.waterboards.ca.gov/water_issues/programs/stormwater/industrial.shtml

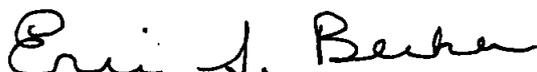
Enclosed with this letter please find a copy of the Industrial Storm Water General Permit and associated forms. To apply for coverage under the permit, you must submit a Notice of Intent (NOI), which is included in the packet. Within thirty days, please submit a completed NOI, a site map of the facility, and the application fee of \$1359 made payable to "State Water Resources Control Board." All materials must be sent to the following address:

State Water Resources Control Board
Division of Water Quality
Attn: Storm Water Section
P.O. Box 1977
Sacramento, CA 95812-1977

Failure to seek coverage could result in a mandatory minimum penalty of not less than \$5000 per year of noncompliance pursuant to CWC sections 13399.30 and 13399.33.

In the subject line of any response, please include the requested "In reply refer to:" information located in the heading of this letter. For questions pertaining to the subject matter, please contact Ms. Whitney Ghoram at (858) 467-2967 or wghoram@waterboards.ca.gov.

Respectfully,



ERIC S. BECKER, P.E.
Senior Water Resource Control Engineer
Southern Watershed Unit

ESB:wjg

Enclosures: Order No. 97-03-DWQ (Industrial Storm Water General Permit)

Cc: (w/o encl.)

Mr. Vincent Barnese, Storm Water Inspector II, Enforcement & Inspection Section, Storm Water Department, 9370 Chesapeake Drive, Suite 100, MS1900, San Diego, CA 92123

SMARTS Entries:

Tech Staff Info & Use	
Application ID.	426235
NPDES No.	CAS000001
WDID	9371N601875
Inspection ID	2014985

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MR. ALFRED DELCONE
 Angelica Health Care Svcs.
 3939 MARKET ST.
 SAN DIEGO, CA 92102

2. Article Number
 (Transfer from service label)

7010 1060 0000 4952 9895

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
X

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 if YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 4-25

Domestic Return Receipt

W. Chaiam

102595-02-M-1541

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™



7010 1060 0000 4952 9895

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$3.40

Postmark Here

Sent To
ALFRED DELCONE / Angelica Health Care
 Street, Apt. No.,
 or PO Box No. **3939 MARKET ST.**
 City, State, ZIP+4
SAN DIEGO CA 92102

PS Form 3800, August 2006
 See Reverse for Instructions



EDMUND G. BROWN JR.
GOVERNOR

MATTHEW RODRIGUEZ
SECRETARY FOR
ENVIRONMENTAL PROTECTION

California Regional Water Quality Control Board, San Diego Region

April 25, 2012

Certified Mail – Return Receipt Requested

Article Number: 7011 0470 0002 8961 5537

Ms. Sherilyn Sarb, Deputy Director
San Diego Coast District Office
California Coastal Commission
Suite 103
7575 Metropolitan Drive
San Diego, California 92108-4402

In reply refer to: fmelbourn

Subject: Final Environmental Impact Report, Shipyard Sediment Remediation Project, San Diego Bay, California

Pursuant to California Environmental Quality Act (CEQA) Guidelines section 15095 (Cal. Code Regs., tit. 14, § 15095(d)), the California Regional Water Quality Control Board, San Diego Region (San Diego Water Board) hereby submits to the California Coastal Commission a copy of the Final Environmental Impact Report (FEIR) for the Shipyard Sediment Remediation Project, San Diego Bay, California, and its related documents.

The following documents are provided in Portable Document Format (PDF) files on the enclosed Compact Disc (CD):

1. Final Environmental Impact Report¹, certified on March 14, 2012;
2. Resolution No. R9-2012-0025 with Exhibits A and B certifying the FEIR, adopted March 14, 2012; and
3. Notice of Determination, filed with State Clearinghouse's Office of Planning and Research on March 16, 2012.

Copies of the FEIR and related documents are also available for inspection at the San Diego Water Board's offices.

In the subject line of any response, please include the information located in the heading of this letter: "in reply refer to." For questions or comments, please contact me by telephone at 858-467-2973, or by email fmelbourn@waterboards.ca.gov.

¹ The Final Environmental Impact Report (FEIR) consists of the Draft EIR; comments and recommendations received on the Draft EIR; comments and recommendations received on the proposed Final EIR; a listing of persons, organizations, and public agencies commenting on the Draft EIR and proposed FEIR, and Regional Board responses.

Respectfully,



Frank T. Melbourn
Water Resource Control Engineer

FTM:mch:ftm

Enclosure: Compact Disc

Tech Staff Info & Use	
Order No.	R9-2012-0024 & 0025
Party (GT/CIWQS) ID	
File No.	
WDID	
NPDES No.	
Reg. Measure ID	
Place ID	712610
Person ID	
Inspection ID	

COMPLETE THIS SECTION

Items 1, 2, and 3. Also complete Restricted Delivery if desired. Name and address on the reverse can return the card to you. Paste card to the back of the mailpiece, front if space permits.

Delivered to:

SHERILYN SARB
 COAST DIST OFFICE
 COASTAL COMMISSION
 METROPOLITAN DR STE 103
 SAN DIEGO CA 92108-4402

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

Number (from service label) 7011 0470 0002 8961 5537

11, February 2004 Domestic Return Receipt 102595-02-M-1540

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.
CERTIFIED MAIL™



7011 0470 0002 8961 5537

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To: CALIFORNIA COASTAL COMMISSION
 SHERILYN SARB, SAN DIEGO COAST DIST OFFICE
 Street, Apt. No.: 1575 METROPOLITAN DR. STE 103
 or PO Box No.:
 City, State, ZIP+4: SAN DIEGO CA 92108-4402

PS Form 3800, August 2006 See Reverse for Instructions

TURN OVER